

**West Virginia Health Benefits Exchange (HBX) Consumer Quality Reporting Workgroup  
Recommendation Survey: Results  
October 31, 2012**

For each of the following please indicate your recommendation plus any additional comments

**1. Should the workgroup recommend that the HBX use the CAHPS survey process to collect information about patient experience with providers?**

- |                                     |   |
|-------------------------------------|---|
| A) Yes                              | 8 |
| B) No                               | 0 |
| C) Undecided                        | 0 |
| D) Alternate suggestion for survey: | 0 |

Comment:

Based upon what CMS and NCQA have recommended, then more likely CAHPS will be the survey process to recommend. However, in conversations with WV community health center CEOs/Providers, the survey is too long and can be complicated for some of their patient population to complete. Until the health centers are required to use CAHPS from HRSA/Bureau of Primary Care, most of them will not use it. At this time, 53% of our membership, 16 out of 30 health centers, requested an alternative survey to use for capturing patient experience as they pursue PCMH recognition. The WVPCA developed a one page survey instrument and currently uses Qualtrics software to house the data, analysis the data and produce survey result reports.

I believe it makes sense to start with something that is already familiar to most of us.

**2. If you agree with using CAHPS, which survey should be used?**

- |  |   |
|--|---|
| A) Adult visit   | 3 |
| B) Child visit   | 2 |
| C) Combine both adult and child visit  | 3 |
| D) Adult 12 month  | 1 |
| E) Child 12 month  | 0 |
| F) Combine adult and child 12 month  | 1 |
| G) Combine 12 month and visit (visit survey does have questions that refer to 12 month time frame) |   |
| 1) For Adult   | 0 |
| 2) For Child   | 0 |

## 3) Combine Adult and Child 1

Comment:

I had the sense that you and possibly the group were leaning toward just the adult 12 month but personally I believe it's important to begin to collect the child data right from the start in order to establish a baseline. But, if the Workgroup recommends adult 12 month I would be OK with that recommendation as well.

**3. If CAHPS is used how should West Virginia conduct the survey and analyze the results?**

A) The WVHBX should contract to conduct the survey, analyze the results and report. Costs paid by fees or some other source of revenue. 1

B) The WVHBX should collaborate with carriers and other state agencies to contract with one vendor to conduct the survey, analyze the results and report to all the partners. Cost should be shared. 4

C) The WVHBX should let the Federal Exchange conduct the survey, analyze the results and report to all the partners. Costs and fees to be determined. 2

Other suggestions? 0

Comment:

What is being used in contiguous states? Is it possible to coordinate efforts or tools to allow for the fact that patients aren't confined to WV locales, easily travel across the borders for care and substantial portions of the WV population is located in border counties? Does HHS have a recommendation for consistency or a preliminary national standard?

WVHBX should contract to do the survey rather than rely on carriers. This way there can be control over the process and a standardized result that meets the needs of WVHBX will be produced without bias.

Most carriers and state agencies are already collecting this data as part of their various managed care contracts and are familiar with it. There may be a need for determining consistency in methodology as I believe I heard yesterday that some collect it internally and others contract this task out? I also believe that this cost to the carriers is currently internalized and with Exchange financial sustainability a concern could remain so in order to keep its administrative costs lower?

**4. If the CAHPS survey is selected is there a need for the workgroup to conduct a consumer survey or focus group to review this recommendation?**

A) Yes 0

B) No 5

C) Undecided 2

Comment:

Since CAHPS is already being used, may want to review the research information that is available (see attached as an example) prior to deciding on conducting the survey/focus groups.

I don't believe a consumer survey is necessary – representation of consumers on the Workgroup is well established and should be sufficient if the Workgroup reaches an agreement. A focus group might be a tool to use if there is substantial disagreement within the workgroup.

**5. Should a new working group be formed to develop the consumer quality information web site and resources?**

- A) Yes 4
- B) No 1
- C) Undecided 2

Comment:

The application should be incorporated into the Exchange capabilities, perhaps as a portal linked to the Exchange.

Not sure if this is necessary since you have already established a working - some of these members could be a sub-group versus adding a new workgroup.

The data is the data but “look and feel” for the consumer is important if the web site is going to be used to the consumer’s benefit. Personally I don’t see a new Workgroup as necessary although we might want to review the makeup of the current Workgroup to determine if it needs to be supplemented in any way. For example, we might want to consider a “users” subgroup to review and Beta test what is ultimately developed? The Enroll UX 2014 may serve as a well-tested, consumer friendly model for “look and feel” given all of the design work that went into it. We don’t need to try and reinvent something that is already available. But, there are others already in use or under development.

**6. Should the decisions of this workgroup be distributed by email to the four (4) stakeholder groups for approval and/or comments?**

- A) Yes 5
- B) No 0
- C) Undecided 2
- Alternate suggestion 0

Comment:

Given that WV is such a small state, gathering statistically credible quantities of data has been a challenge from time to time in the past.

It's easy to surpass the point of diminishing returns when working with small populations, such as when considering systems development and designing applications, data management routines and even websites from scratch. Complex analysis requires larger data universes so that segmentation still presents credible and meaningful results. This has been a challenge in establishing a definition of 'quality' in WV.

If the Feds are advancing recommendations for uniform model of data collection and analysis, we should capitalize on that to allow for extra territorial comparisons, comparisons to national benchmarks.

A Federal recommendation for pre-packaged systems would be useful also, with a mind to containing the cost of implementation and shortening the timeline to bring useful data to light.

The decisions of the work group should be e-mailed to stakeholders. It is quick and inexpensive to do. Stakeholders should be informed about decisions and be able to give feedback for consideration but not necessarily have approval privileges.

I guess I had presumed that you would be reporting back to the Exchange staff and that this issue would be made an agenda item and covered in forthcoming Stakeholder updates as well? The Stakeholder Carrier and Provider Groups do need to consider this recommendation – don't see it necessary for the Agents/Brokers but wouldn't hurt since they may be using it at some point.